(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



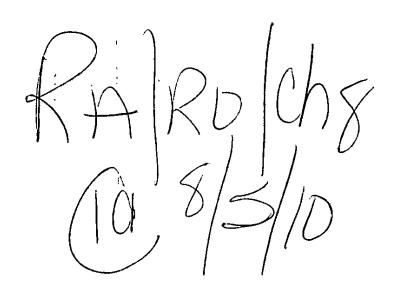
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FILING CANCELLED RETURNED CHECK

TALL ARASSEE, PLORIDA





## **COVER LETTER**

Amendment Section

Division of Corporations
SUBJECT: Modatach CORP.  Name of Corporation
DOCUMENT NUMBER: > 1 000000 1033
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Nodate che Corp.
rim/Company
556 West Flagter St \$306
Pliani Pl 33130 City/State and Zip Code
City/State and Zip Code
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
David altra al 305, 316-2935
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CŘ2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Naclatach CORP.
2. The principal office address: 556 West Flagler 5t. #306
3. The mailing address (if different): Sa we
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  FILING CANCELLE
1121 Fairlake Trace 2406
Weston, F1 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
556 West Placter St #306 Placier St #306 Placier St #306 Placier St #306
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Significate of an officer or director  Signification of the state of t
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Agent O7/30/10 Date
If signing on ochalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)